**FORM 2 – APPLICANT’S ORGANIZATIONAL OVERVIEW**

**Past Funding Request(s):**

**☐** Current NHAP Subrecipeint:

**☐** New Applicant

**☐** Current Applicant to RFA 6032

**2024-2025 Additional Funding Request:**

This Request for Application (RFA) pertains to extra funding that has become available in the 2024-2025 NHAP Regional Allocation. For Applicants that have previously submitted proposals for RFA 6032, their application is still under consideration for award. Applicants do not need to apply to this RFA unless they are proposing new or expanded project activities that require additional funding.

**☐** Expanded Work Plan and Budget to RFA 6032

**APPLICANT INFORMATION:**

Applicant’s Legal Name: **Enter Name**

Applicant’s Mailing Address, including Zip+4: **Enter complete address including ZIP+4**

Applicant’s Website: **Enter Website Address**

Link Within Applicant’s Website Directed to Serving Homeless: **Enter Website Address**

Applicant’s Federal TIN/EIN: **Enter TIN/EIN Number** Applicant’s UEI Number: **Enter UEI Number**

Applicant’s Fiscal Year Start Date: **Select Start Date** End Date: **Select End Date**

Executive Director/President’s Name: **Enter Name**

Executive Director/President’s Email: **Enter Email**

Board Chair/President’s Name: **Enter Name**

Board Chair/President’s Email: **Enter Name**

Program Contact’s Name: **Enter Name**

Program Contact’s Title: **Enter Title**

Program Contact’s Email: **Enter Email**

Program Contact’s Phone: **Enter Phone**

**PROGRAM TYPE** – check **all** that apply:

**☐** Emergency Shelter

**☐** Transitional Housing

**☐** Street Outreach

**☐** Homelessness Prevention

**☐** Rapid Rehousing

**☐** HMIS/Data Collection

**BED TYPE (for shelters only)** – select *one*: **Select Type**

**POPULATION SERVED** – select *all* that apply:

**☐** Single adult males

**☐** Single adult females

**☐** Couples with children

**☐** Couples without children

**☐** Adult males with children

**☐** Adult females with children

**☐** Unaccompanied young males

**☐** Unaccompanied young females

**Continuum of Care Region:**  **Select CoC Region**

Reminder: If services will be provided in more than one Region, a **separate** application must be completed for each Region:

**Counties Your Agency Serves and Programs Provided in this Region:**

Enter ***all*** counties and the specific area(s) within that county your agency will primarily service ***in the selected Region*** *under this grant*. Do NOT include counties outside of the selected Region, as the submission of this application is an acknowledgement that the agency will not request reimbursement for clients in counties outside of the Region. If the agency serves counties in multiple Regions, another application must be submitted for each Region (see next question). In addition to the counties served, indicate what programs will be provided within the respective county:

1. **Enter county and area(s) served and the program(s) provided.**
2. **Enter county and area(s) served and the program(s) provided**.
3. **Enter county and area(s) served and the program(s) provided.**
4. **Enter county and area(s) served and the program(s) provided.**
5. **Enter county and area(s) served and the program(s) provided.**
6. **Enter county and area(s) served and the program(s) provided.**
7. **Enter county and area(s) served and the program(s) provided.**
8. **Enter county and area(s) served and the program(s) provided.**
9. **Enter county and area(s) served and the program(s) provided.**
10. **Enter county and area(s) served and the program(s) provided.**
11. **Enter county and area(s) served and the program(s) provided.**
12. **Enter county and area(s) served and the program(s) provided.**
13. **Enter county and area(s) served and the program(s) provided.**
14. **Enter county and area(s) served and the program(s) provided.**
15. **Enter county and area(s) served and the program(s) provided.**
16. **Enter county and area(s) served and the program(s) provided.**
17. **Enter county and area(s) served and the program(s) provided.**
18. **Enter county and area(s) served and the program(s) provided.**
19. **Enter county and area(s) served and the program(s) provided.**
20. **Enter county and area(s) served and the program(s) provided.**
21. **Enter county and area(s) served and the program(s) provided.**
22. **Enter county and area(s) served and the program(s) provided.**
23. **Enter county and area(s) served and the program(s) provided.**

**Summary of Federal and State Grants Experience:**

Provide a description of the Applicant’s previous experience with receiving federal and state funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicants should describe and demonstrate knowledge of the Uniform Grant Guidance or the HHS Grants Guidance (as applicable), as well as any specific experience with the particular state and federal program and funding source that funds this Request For Application.

List the active federal and state grant funding sources that are applicable to providing homeless assistance services and how the funds are currently being utilized.

**Summary of Programmatic Experience:**

Provide a description of the Applicant’s demonstrated experience with the type of programming or work contained in the Project Description, or other relevant work. Provide information related to the Applicant’s planning and budgeting process, use of technology, data, and outcome information when determining trends, and how to address the needs of the community. Summarize the Applicant’s partnership and collaboration with other agencies within the respective region.

**Personnel and Management:**

Identify individuals employed by the Applicant, on its Board of Directors, or otherwise affiliated with the Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience. Include the individual’s title, responsibility of work, and length of experience with personnel and grants management.

**Succession Planning:**

Provide a description of any processes in place for the replacement of management, staff, Board of Directors, or positions otherwise affiliated with the Applicant.

**Agreements Terminated or Costs Disallowed:**

Provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:

* Were terminated for cause; or,
* Where Specific Conditions were placed on Applicant (see 2 CFR § 200.207).

Important: If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.